



# BENEFITS DESIGNED WITH YOU IN MIND



## 2025 EMPLOYEE BENEFITS

JAN. 1, 2025 – DEC. 31, 2025



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### Questions?

Contact the Benefits Resource Center (BRC) at **855-874-0829** or email [BRCMidwest@usi.com](mailto:BRCMidwest@usi.com).

# WELCOME TO YOUR **INGENOVIS HEALTH** BENEFITS

**At Ingenovis Health, we are invested in you. That's why we've designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.**

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2025 plan year. The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.



# ELIGIBILITY

As an Ingenovis Health employee, you are eligible to participate in our benefits programs. As a new hire, benefits are effective the first of the month following date of hire.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse (if not legally separated) or domestic partner.\*  
\*Tax implications may apply for coverage of your domestic partner.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.



## WHO PAYS

Some benefits are 100% paid by Ingenovis Health, while others require that you contribute.



### 100% EMPLOYER-PAID

- Employee Assistance Program



### SHARED CONTRIBUTION

- Medical Insurance



### 100% EMPLOYEE-PAID

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Supplemental Life and AD&D Insurance
- Long-Term Disability Insurance
- Voluntary Short-Term Disability Insurance
- Pet Insurance
- Dental Insurance
- Vision Insurance

\*Temporary employees are not eligible.



# ENROLLMENT

You can only sign up for benefits or change your benefits at the following times:

- Within the first 10 days of joining Ingenovis Health as a new employee.
- During the annual benefits enrollment period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain in place through Dec. 31, 2024, unless you experience a qualifying life event as described on page 6. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.



## Call 4myBenefits at 800-528-4223.

Benefit counselors are ready to assist you. Please call the 4myBenefits Contact Center Monday–Friday from 8 a.m. to 5 p.m. EST year-round.



## Self-enroll in your benefits with the QR code or by visiting this link: <https://thesource.plansource.com/IngenovisHealthBenefits>

Click on "Enroll Now" and enter your username and password:

- **Username:** "IGH." + first 3 letters of first name+ full last name + last 4 digits of your SSN

Example: Name = John Smith; DOB = 5/1/1985; SSN = 123-45-6789  
Username: IGH.JohSmith6789

- **Initial password:** YYYYMMDD of date of birth



# MAKING CHANGES

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change your benefit elections during the plan year if you have change in status including:

- Your marriage or divorce
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order

If such a change occurs, you must make the changes to your benefits **within 31 days of the event date**. Documentation may be required to verify your change of status.

**Failure to request a change of status within 31 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR or the Benefits Call Center at 1(800) 528-4223 to make these changes.**

## WHEN DOES COVERAGE END?

- Coverage will run through the end of the month following termination / resignation.
- Coverage for STD, LTD, life/AD&D end on the day your employment ends for any reason.



# MEDICAL INSURANCE

Providing three separate medical insurance coverage options to protect you and your family members with:

- No cost preventative care
- Routine care
- Pregnancy and newborn care
- Disease diagnosis and treatment
- Prescription coverage
- Urgent and emergency care
- Telehealth
- Rehabilitation therapy
- Substance abuse treatment
- Mental health care
- Specialist visits
- Vaccines
- Wellness support





# MEDICAL BENEFITS

The table below summarizes the benefits of each medical plan.

Please refer to the official plan documents for additional information on coverage and exclusions.



Benefit Coverage	Anthem Base Narrow HPN	Anthem Standard HDHP	Anthem Choice PPO
	In-Network Benefits	In-Network Benefits	In-Network Benefits
<b>Annual Deductible</b>			
Individual/Family	\$6,000/\$12,000	\$3,500/\$7,000	\$1,500/\$3,000
Coinsurance	70%	80%	80%
<b>Maximum Out-of-Pocket*</b>			
Individual	\$8,700	\$5,000	\$5,000
Family	\$17,400	\$10,000	\$10,000
<b>Physician Office Visit</b>			
Primary Care	\$30 copay	20% after ded.	\$30 copay
Specialty Care	\$90 copay	20% after ded.	\$90 copay
<b>Preventive Care</b>			
Adult Periodic Exams	100%	100%	100%
Well-Child Care			
<b>Diagnostic Services</b>			
X-ray and Lab Tests	30% after ded.	20% after ded.	20% after ded.
Complex Radiology	30% after deductible	20% after ded.	20% after deductible
Urgent Care Facility	\$90 copay	20% after ded.	\$90 copay
Emergency Room Facility Charges*	30% after ded.	20% after ded.	20% after ded.
Inpatient Facility Charges	30% after ded.	20% after ded.	20% after ded.
Outpatient Facility / Surgical Charges	30% after ded.	20% after ded.	20% after ded.
<b>Prescription Drugs</b>			
Tier 1	\$10 copay	Ded., then \$10 copay	\$10 copay
Tier 2	\$40 copay	Ded., then \$35 copay	\$40 copay
Tier 3	\$70 copay	Ded., then \$60 copay	\$70 copay
Tier 4	25% up to \$300	Ded., then 25% up to \$200	25% up to \$300
Mail Order <i>90-day supply</i>	2.5x retail copay	2.5x retail copay	2.5x retail copay

## ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

### QUESTIONS?

Call customer service at 833-401-1573 or visit [anthem.com](https://www.anthem.com)



# MEDICAL CONTRIBUTIONS

Listed below are the monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 48 pay periods for benefit deductions and for months where there are five paychecks, there are no benefit deductions from the fifth check.

Coverage Type	Anthem Base Narrow HPN	Anthem Standard HDHP	Anthem Choice PPO
<b>Employee Only</b>	\$102.00	\$309.00	\$692.00
<b>Employee + Spouse</b>	\$810.00	\$960.00	\$1,379.00
<b>Employee + Child(ren)</b>	\$733.00	\$869.00	\$1,248.00
<b>Employee + Family</b>	\$1,157.00	\$1,371.00	\$1,970.00

## Quick Tips!



- Remember to review your contributions annually to ensure they align with your financial goals. Participating in our wellness program can also earn you a premium discount, adding even more value to your benefits!
- Don't forget! Contribution changes are allowed during open enrollment or after qualifying events.

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For patients on specialty medications used to treat complex and chronic conditions, the Amwins Preferred Specialty Pharmacy Network is available to **support** and **guide** you along the way.  
Reliance Specialty Pharmacy — [800-809-4763](tel:800-809-4763) / [rellanceroxsp.com](https://rellanceroxsp.com) / fax [716-532-7360](tel:716-532-7360)

# KNOW WHERE TO GO

VIRTUAL CARE	PRIMARY CARE DOCTOR	URGENT CARE	ER
Get care without leaving your house. An appointment is available from your phone or computer. Download the Sydney Health app to make an appointment.	The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have intended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.

Take the first step to understanding your benefits by learning these four common terms.

## TERMS TO KNOW

### COPAYS

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.

### DEDUCIBLE

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.

### COINSURANCE

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

### OUT-OF-POCKET MAXIMUM

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.







# VIRTUAL VISITS

You have access to virtual care through Anthem. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.

## **Get care for non-emergency conditions.**

Virtual care can connect you to a doctor without an appointment. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.

## **Your virtual doctor can provide a treatment plan to support your health.**

As part of your treatment plan, your virtual doctor can also prescribe certain medications, recommend specialists, order lab tests, or tell you if it's time to seek care in person.

## **See a doctor anytime, anywhere.**

Download the Sydney Health app to request a virtual visit with a doctor 24/7. The app allows you to video call, text, or chat with a doctor who can help you feel better—no appointment required.

## **SYDNEY HEALTH APP**

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, member services, virtual care, and wellness resources.

### **Use the app anytime to:**

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Chat with an Anthem representative.
- Request a virtual care visit with a doctor 24/7.

Download the free Sydney mobile app and select "Register" or visit [anthem.com/register](https://anthem.com/register).



Scan the QR code to the left to download the Sydney Health app.

# HEALTH SAVINGS ACCOUNT

## MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

If you enroll in the Anthem Standard HDHP, you may be eligible to open and fund a health savings account (HSA) through WealthCare.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. You can pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.

Refer to [IRS Publication 969](#) for additional eligibility details. If you are over age 65, please contact the Benefits Department.

### HSA ELIGIBILITY

#### You are eligible to fund an HSA if:

- You are enrolled in the Anthem Standard HDHP.

#### You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.



#### SAFETY NET

HSAs are highly effective savings vehicle for individuals and families of all income levels. They offer “rainy day” medical savings that reduce the financial impact of medical bills.

Contributions to an HSA (including the Ingenovis Health contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,300
- **All other coverage levels:** \$8,550

#### HSA INVESTMENTS

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

*If you are age 55+ by Dec. 31, 2025, you may contribute an additional \$1,000.*

#### LONG-TERM SAVINGS

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.

\*Temporary employees are not eligible for the Ingenovis Health contribution.

# DENTAL INSURANCE



Ingenovis Health offers a dental PPO plan through Delta Dental of Colorado. The dental plan provides in-and out-of-network benefits, allowing you the freedom to choose any dentist. The amount you pay varies based on whether you see a Delta Dental PPO dentist, Delta Dental Premier dentist, or out-of-network (non-participating) dentist.

- You will pay less out of your pocket when you see a Delta Dental PPO dentist.
- Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full for covered services. When you see a PPO or Premier dentist, you will only be responsible for your deductible and coinsurance for covered services. Non-covered services are subject to balance billing.
- If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (balance billing).
- When you see a Delta Dental PPO or Premier dentist, you are protected from balance billing for covered services.





# DENTAL BENEFITS

Ingenovis Health offers a dental insurance plan through Delta Dental of Colorado.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.



Summary of Covered Benefits	Delta Dental PPO		
	PPO Dentist	Premier Dentist	Non-Participating
<b>Plan Year Deductible</b> Individual/Family		\$50/\$150	
<b>Plan Year Benefit Maximum</b>	\$1,500	\$1,000	\$1,000
<b>Preventive Care</b> (Oral exams, cleanings, x-rays)	Plan pays 100%	20% (ded. waived)	20% (ded. waived)
<b>Basic Services</b> (Periodontal services, endodontic services, oral surgery, fillings)	20% (ded. waived)	40% (ded. waived)	40% (ded. waived)
<b>Major Services</b> (Bridges, crowns, [inlays/onlays], dentures [fill/partial])	50% (ded. waived)	60% (ded. waived)	60% (ded. waived)
<b>Orthodontia Services</b> (children up to age 19)		50%	
<b>Orthodontia Lifetime Maximum</b>		\$1,000	

## DENTAL COSTS

Listed below are the monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 48 pay periods for benefit deductions and for months where there are five paychecks, there are no benefit deductions from the fifth check.

Level of Coverage	Delta Dental
<b>Employee Only</b>	\$28.54
<b>Employee + Spouse</b>	\$57.07
<b>Employee + Child(ren)</b>	\$68.16
<b>Employee + Family</b>	\$101.98



# VISION INSURANCE

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

Locate an EyeMed network provider at [eyemed.com](https://www.eyemed.com).



# VISION BENEFITS

Ingenovis Health offers a vision insurance plan through EyeMed.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.



Summary of Covered Benefits	EyeMed Vision Plan	
<b>Eye Exam</b> (Every 12 months)	\$10 copay	Reimbursement up to \$40
<b>Standard Plastic Lenses</b> (Every 12 months) Single/Bifocal/Trifocal	\$10 copay	Reimbursement up to \$30/\$50/\$70
<b>Frames</b> (Every 24 months)	\$130 allowance, 20% off remaining balance	Reimbursement up to \$91
<b>Contact Lenses</b> (Every 12 months in lieu of standard plastic lenses) Medically Necessary	\$110 allowance  Plan pays 100%	Reimbursement up to \$77  Reimbursement up to \$300
<b>Laser Vision Correction</b>	15% of retail price of 5% off promotional price	

## DID YOU KNOW?

Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

## VISION COSTS

Listed below are the monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. Please note that we use 48 pay periods for benefit deductions and for months where there are five paychecks, there are no benefit deductions from the fifth check.

Level of Coverage	EyeMed Vision
Employee Only	\$5.94
Employee + Spouse	\$14.39
Employee + Child(ren)	\$15.06
Employee + Family	\$19.81

## QUESTIONS?

Call customer service at 866-723-0513 or visit [www.eyemed.com](http://www.eyemed.com)





# FINANCIAL PROTECTION

Financial protection is a crucial component of your overall well-being, providing a safety net for you and your loved ones in times of need. The following sections will guide you through the key options like life, disability, and worksite insurances.

Each of these play a vital role in securing your financial future, offering a peace of mind and support during unforeseen circumstance.

Whether it's safeguarding against loss of income, covering unexpected medical expenses, or ensuring your family's financial stability, these protections are designed to help you navigate life's uncertainties with confidence.

Take the time to explore these options and make informed decisions that will protect your financial future.



# VOLUNTARY LIFE AND AD&D

**Ingenovis Health** offers employees the option to purchase additional life insurance. This coverage is offered on a voluntary basis through Lincoln Financial Group. If you purchase voluntary life insurance for yourself, you can purchase voluntary life insurance for your spouse and/or child(ren).

During your newly eligible window, you may elect coverage up to the guaranteed issue amount without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Lincoln Financial Group.

During the annual enrollment period, you may increase your coverage by two increments up to the guaranteed issue amount without completing evidence of insurability (EOI) even if you have previously waived coverage.

## EMPLOYEE

### How much life insurance can I purchase?

You may purchase a benefit in increments of **\$10,000, a minimum of \$10,000** up to a maximum of **\$500,000**, or 5 X your annual salary (whichever is less).

### What's guarantee issue?

Guarantee issue (GI) is the amount you can purchase as a newly eligible employee without having to provide evidence of insurability (EOI). The **GI is \$200,000**.

## SPOUSE

### How much life insurance can I purchase for my spouse?

You may purchase a benefit in increments of **\$5,000, a minimum of \$5,000** up to a maximum of **\$100,000**, not to exceed 50% of employee voluntary life benefit.

### What's guarantee issue?

Guarantee issue (GI) is the amount you can purchase as a newly eligible employee without having to provide evidence of insurability (EOI). The **GI is \$30,000, not to exceed 100% of the employee's voluntary life benefit amount**.

## CHILD(REN)

### How much life insurance can I purchase for my child(ren)?

You may purchase a benefit of **\$10,000**. Lincoln Financial Group does not require EOI for child(ren), the cost for the **\$10,000** benefit is the same for one or multiple children.

# VOLUNTARY BENEFITS

## Accident & Injury

Accident insurance offered through Lincoln Financial Group helps deliver financial security for the unexpected – allowing you to protect your budget against unforeseen expenses if you suffer an accidental injury. You can use cash benefits from this coverage to help meet copayments and other expenses while you recover, or any other way you see fit.

## Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. This plan includes access to a personal health advocate who can assist you in managing health care services for you and your entire family.

- Employee: \$10,000, \$20,000, or \$30,000 – guarantee issue: \$30,000
- Spouse: \$5,000, \$10,000, or \$15,000 (up to 50% of the employee coverage amount) –guarantee issue: \$15,000
- Dependent children: \$5,000, \$10,000, or \$15,000 (up to 50% of the employee coverage amount) –guarantee issue: \$15,000

## Hospital Indemnity

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses—anything from deductibles to childcare to everyday bills.

- Hospital admissions: \$1,000 (1 admission/year)
- Hospital confinement: \$100 per day up to 60 days
- Intensive care unit admission: \$2,000 (1 admission/year)
- Intensive care unit confinement: \$200 per day for 15 days.

Please see page 21 for monthly rates.



## EARN A WELLNESS REWARD

**You receive a \$50 cash benefit** every year you and any of your covered family members complete a single covered health assessment. This reward applies to all insurance options listed on this page, including Accident & Injury, Critical Illness, and Hospital Indemnity coverage.

# VOLUNTARY BENEFITS

## VOLUNTARY LIFE MONTHLY RATES

Listed below are the monthly rates for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse Life rates are based on the spouse's age.

Age	Employee Rate Per \$1,000 of coverage	Spouse Rate Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
<20	\$0.059	\$0.059	
20-24	\$0.059	\$0.059	
25-29	\$0.059	\$0.059	
30-34	\$0.072	\$0.072	
35-39	\$0.087	\$0.087	
40-44	\$0.113	\$0.113	
45-49	\$0.162	\$0.162	\$0.22
50-54	\$0.239	\$0.239	
55-59	\$0.390	\$0.390	
60-64	\$0.578	\$0.578	
65-69	\$1.071	\$1.071	
70-74	\$1.935	\$1.935	
75*	\$1.935	\$1.935	

## ACCIDENT AND HOSPITAL INDEMNITY INSURANCE MONTHLY RATES

Listed below are the monthly costs for accident and hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Accident Insurance
Employee Only	\$13.81
Employee + Spouse	\$22.89
Employee + Child(ren)	\$24.87
Employee + Family	\$33.60

Level of Coverage	Hospital Indemnity Insurance
Employee Only	\$18.78
Employee + Spouse	\$40.43
Employee + Child(ren)	\$29.65
Employee + Family	\$53.61



# VOLUNTARY BENEFITS

## CRITICAL ILLNESS MONTHLY RATES

Listed below are the monthly rates for critical illness insurance. You can elect up to \$30,000 for you and your spouse, and the amount you pay for critical illness insurance is deducted from your paycheck on a post-tax basis. Spouse Life rates are based on the spouse's age. Children can be covered up to \$15,000.

Age	Employee Rate Per \$10,000 of coverage	Spouse Rate Per \$10,000 of coverage	Child Rate Per \$5,000 of coverage
<24	\$2.29	\$2.29	
25-29	\$3.64	\$3.64	
30-34	\$5.08	\$5.08	
35-39	\$6.86	\$6.86	
40-44	\$10.25	\$10.25	
45-49	\$14.15	\$14.15	\$1.96
50-54	\$20.50	\$20.50	
55-59	\$28.61	\$28.61	
60-64	\$41.08	\$41.08	
65-69	\$57.47	\$57.47	
70+	\$58.38	\$58.38	



# DISABILITY BENEFITS

Ingenovis Health offers Voluntary Disability Insurance, with Lincoln Financial Group. Please review the charts below, for a brief overview of the plan detail.

## Short-Term Disability Insurance\*

Ingenovis Health offers a short-term disability option through Lincoln Financial Group. This benefit covers 60% of your weekly base salary up to \$2,000/week. The benefit begins after 14 days of injury or illness and lasts up to 13 weeks. Please see the summary plan description for complete plan details.

Plan Features	Short-Term Disability
Elimination Period	14 days
Maximum Weekly Benefit	\$2,000
Percentage of Income Replaced	60% of salary
Maximum Benefit Period	26 weeks

## Long-Term Disability Insurance\*

Ingenovis Health offers long-term income protection through Lincoln Financial Group in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$6,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Plan Features	Long-Term Disability
Elimination Period	180 days
Maximum Benefit Payable	\$14,000 per month
Percentage of Income Replaced	60% of salary
Maximum Benefit Period	SSNRA

\*Temporary employees are not eligible.



## Monthly Rates

Short-Term Disability Per \$10 of weekly benefit		Long-Term Disability Per \$10 of weekly benefit	
Age		Age	
0-54	\$1.180	0-29	\$0.099
55-59	\$1.310	30-34	\$0.243
60-64	\$1.530	35-39	\$0.380
65-99	\$1.680	40-44	\$0.568
		45-49	\$0.765
		50-54	\$1.060
		55-59	\$1.124
		60-64	\$1.186
		65-69	\$1.233
		70+	\$1.264

# EMPLOYEE ASSISTANCE PROGRAM



## TOOLS AND RESOURCES

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



## CARE OPTIONS

Find child and elder care to support you and your family's day-to-day needs.



## LEGAL AND FINANCIAL GUIDANCE

Receive guidance for buying a home, planning for retirement, budgeting, and more.



## SUPPORT ALL YEAR

Connect with a mental health professional about addiction, family, and individual counseling.

**Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through EmployeeConnect.**

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **five free face-to-face** visits per person, per issue, per year with a licensed counselor.

### When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Ingenovis Health and access to the EAP is completely confidential.



Access your EAP by calling 888-628-4824 or visiting [guidanceresources.com](https://guidanceresources.com) and use the following login credentials:

• **Username:** LFGSupport

• **Password:** LFGSupport1

# ADDITIONAL BENEFITS

## PET INSURANCE

Ingenovis Health provides you the option to purchase voluntary pet insurance through the ASPCA. Customize your plan by choosing your deductible, reimbursement percentage, and maximum annual benefit. Coverage includes:

- Accidents and illnesses
- Hereditary conditions
- Acupuncture
- Dental disease
- Behavioral issues
- Advanced treatments

Contact [877-343-5314](tel:877-343-5314) or visit [aspcapetinsurance.com/Ingenovishealth](https://aspcapetinsurance.com/Ingenovishealth) and use code: EB22Ingenovis for your custom quote. Rates vary by pet and level of coverage to fit your budget.

## PERKSPOT

Ingenovis Health provides you with access to PerkSpot—a discounts platform that allows you to find everyday deals and discounts on all the products you love like, AMC theater movie tickets, Target, Enterprise car rentals, Disney Parks and Resorts, Apple products, gym memberships, and much more. Register online at [ingenovis.perkspot.com](https://ingenovis.perkspot.com) and use access code: myperks. Then, download the PerkSpot mobile app via the App Store or Google Play.

## 401(k) Plan

You are eligible to participate in the salary deferral feature of the 401(k) retirement savings plan on the first day of the month following date of hire or attainment of age 21. You may contribute up to 86% of your compensation (not to exceed the maximum calendar year dollar amount set by federal regulations).

For additional information, to enroll, or change deferrals, please refer to:

Truststaff and VitalSolution employees: Visit [mykplan.com](https://mykplan.com) or call ADP Retirement at [800-929-2170](tel:800-929-2170).

All other employees: Visit [startright.bokf.com](https://startright.bokf.com) or call the Participant Services Group (PSG) at [800-876-9557](tel:800-876-9557).

## Love & Asana

Ingenovis Health provides access to virtual health and wellness sessions to address mental, physical and emotional wellbeing. These virtual sessions and workshops inspire employees to connect, learn and take action towards stress management and improved mobility in a fun, supportive environment. Please check your MyBenefits app for information on our Love & Asana sessions.

You can visit <https://www.loveandasana.com/pages/corporate-member-benefits> to take advantage of additional offerings through Love & Asana.

## The ACT Program

The ACT program (Advocacy, Career, Tools) is an innovative initiative launched by Ingenovis Health as part of our clinician-first movement.

Based on direct feedback from healthcare providers in the field, the ACT program goes above and beyond the traditional offerings of the past by supporting and enhancing the personal well-being and career advancement of healthcare professionals within the Ingenovis Health family of brands.

The ACT program curates diverse resources from across the healthcare industry to identify what will benefit you most. With a strong focus on service excellence, quality patient care, and continuous improvement, we take full ownership of these offerings to better serve our valued patients and clients.

Please visit <https://www.ingenovishealth.com/ACTprogram> for more information.



# YOUR BENEFIT CONTACTS

PROVIDER/PLAN	Group Number	Phone	Website
<b>Medical - Anthem</b>	174314	(833) 401-1573	<a href="https://www.anthem.com">Anthem.com</a>
<b>Health Savings Account - WealthCare</b>	N/A	(833) 401-1573	<a href="https://www.anthem.com">Anthem.com</a>
<b>RX Prescriptions – Amwins</b>	N/A	(925) 278-5531	<a href="https://www.amwinsrx.com">Amwinsrx.com</a>
<b>Dental - Delta Dental</b>	DD000001331	(800) 610-0201	<a href="https://www.deltadentaloh.com">www.deltadentaloh.com</a>
<b>Vision - EyeMed</b>	1041805	(866) 723-0513	<a href="https://www.eyemed.com">www.eyemed.com</a>
<b>Supplemental Life and Disability – Lincoln Financial Group</b>	400001000-25699	(800) 423-2765	<a href="https://www.lfg.com">www.lfg.com</a>
<b>Critical Illness – Lincoln Financial Group</b>	BLUELF0820	(800) 423-2765	<a href="https://www.lfg.com">www.lfg.com</a>
<b>Hospitalization Indemnity – Lincoln Financial Group</b>	BLUELF0820	(800) 423-2765	<a href="https://www.lfg.com">www.lfg.com</a>
<b>Accident Insurance – Lincoln Financial Group</b>	BLUELF0820	(800) 423-2765	<a href="https://www.lfg.com">www.lfg.com</a>
<b>401(k) Retirement Plan</b>		(800)695-7526	
ADP Retirement	N/A	(800) 876-	<a href="https://www.mykplan.com">Mykplan.com</a>
BOK Financial Participant Services Group	N/A	9557	<a href="https://www.startright.bokf.com">Startright.bokf.com</a>
<b>Employee Assistance Program</b>	N/A	(888) 628-4824	<a href="https://www.guidanceresources.com">guidanceresources.com</a>
<b>Pet Insurance - ASPCA</b>	EB221ngenovis	(877) 343-5314	<a href="https://www.aspcapetinsurance.com/ingenovishealth">Aspcapetinsurance.com/ingenovishealth</a>

## QUESTIONS?

Please call the USI Benefit Resource Center (BRC) if you have any questions or issues with your Benefits. The BRC is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries.

Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

[BRCMidwest@USI.com](mailto:BRCMidwest@USI.com) | 855-874-0829  
Monday through Friday, 8:00AM to 5:00PM EST.





## Questions About Your Benefits?

You can also contact your Human Resources Department.

**About This Guide.** This brochure summarizes the benefit plans that are available to Ingenovis Health's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits. Information provided by USI Insurance Services.